



11/17/2005 8:43 FAX 202 824 3001

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002/002

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Bevverly ORL Bays	(Depositor's name)
Bevverly A. Orl Bays	(Signature)
November 17, 2005	(Date)

11/18/2005 TBESHAW2 00000079 190733 10784916
 01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8003 PUBLICATION FEE 80.00 DA

FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.

10/784,916 02/24/2004 Michael L. Vazquez 101765.00026 1974

TITLE OF INVENTION: SUCCINYLAMINO HYDROXYETHYLAMINO SULFONAMIDES (SBPII), AS RETROVIRAL PROTEASE INHIBITORS

APLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/17/2005

EXAMINER	ART UNIT	CLASS/SUBCLASS
PAVRILIANI, ANTHONY JOSEPH	1626	564-089000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12.2) attached.
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the name of up to 4 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. Banner & Witcoff, Ltd.

2. _____

3. _____

4. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE, NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for reexamination as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

G.D. Searle & Co.

Chicago, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governmental

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
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 A check in the amount of the fee(s) is enclosed. Payment by credit card Form PTO-2048 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 1476133 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature Joseph M. Skerpon, By William J. Fisher Date November 17, 2005Typed or printed name Joseph M. Skerpon Reg. No. 32,133 Registration No. 29,864

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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